

# Connecticut State Innovation Model Work Stream Update



Council/ Work Stream	Major Topics Covered	Progress/ Outputs	Next Steps	Upcoming Meetings
<b>COUNCILS/ TASKFORCES/ COMMITTEES</b>				
<b>Healthcare Innovation Steering Committee (HISC)</b>	<b><i>Ad Hoc Design Subcommittee</i></b>	<ul style="list-style-type: none"> <li>An Ad Hoc Design and Implementation Subcommittee met on 11/16/15 to discuss their purpose- "reviewing design and implementation issues, directly engaging and advising the various payers and other partners, and making recommendations to the HISC."</li> </ul>	<ul style="list-style-type: none"> <li>Review the released Quality Council report on the recommended core quality measure set before it is released for public comment.</li> <li>VBID and HIT charter reviews</li> <li>Possible review of CCIP report, which outlines the recommended standards for CCIP</li> </ul>	12/10/15
<b>Consumer Advisory Board (CAB)</b>	<b><i>Consumer engagement events</i></b>	<ul style="list-style-type: none"> <li>Pat Checko and Theanvy Kuoch reported on <a href="#">Rural Health Forum</a> and <a href="#">South Asian American Listening Session</a>. Michaela Fissel proposed a forum on Behavioral Health. CAB approved, Michaela Fissel and Sharon Langer agreed to co-chair</li> <li>CAB Consumer Engagement Report on consumer representative status and vacancies was discussed. CAB voted to recommend appointment of two individuals to open positions on the CAB and the Equity and Access Workgroup.</li> <li>Work group updates were presented including Workforce (Robert Krzys) and Quality Council (Arlene Murphy).</li> <li>Special Subcommittee meeting on 11/25/15 to review events and lessons learned</li> </ul>	<ul style="list-style-type: none"> <li>Co-Chair meeting to discuss Behavior Health Event 12/2/15</li> </ul>	12/8/15

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<b>Practice Transformation Task Force (PTTF)</b>	<b>CCIP<sup>1</sup></b> <b>PTN<sup>2</sup></b> <b>Community Consensus Standards</b>	<ul style="list-style-type: none"> <li>• <a href="#">Presented</a> to MAPOC Care Management Committee to review status of CCIP</li> <li>• Reviewed comments on second draft of CCIP report- comments focused on the importance of a person-centered approach, with a discussion on telehealth benefits and their importance in rural areas, and burdens on small providers</li> <li>• Presented on <a href="#">Community Consensus Standards</a>. The purpose of the Community Consensus Standards are to standardize the linkage to and provision of socio-economic services related to health needs of patients and care transition coordination. The Community Health Collaborative will provide a venue for shared decision-making to further integrate community services with healthcare services.</li> <li>• Reviewed <a href="#">Practice Transformation Network (PTN)</a> grant and implications for CCIP. PTNs are part of the Transforming Clinical Practice Initiative grant from CMMI. Connecticut entities have received funding for three PTNs, and the work must align with the work of CCIP.</li> <li>• Kate McEvoy presented <a href="#">Strategies for supporting people in using Medicaid</a> and the means by which we are enabling providers to support them</li> <li>• Reviewed definitions for individuals with complex healthcare needs</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to work on third draft of report to open to public comment</li> <li>• Finalize definition for individuals with complex healthcare needs</li> <li>• Continue working with DSS, CMMI, and CHCACT to coordinate CCIP and PTN programs</li> </ul>	12/15/15
<b>Health Information Technology (HIT)</b>		<p>The HIT Council convened on 11/20/15 and</p> <ul style="list-style-type: none"> <li>• Reviewed the draft logic model framework to understand programmatic details from the PMO and</li> </ul>	Secure approval for revised HIT Council charter from HISC	HIT Council 12/18

<sup>1</sup> CCIP = Clinical and Community Integration Program

<sup>2</sup> PTN = Practice Transformation Network

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		<p>other SIM work groups,</p> <ul style="list-style-type: none"> <li>Agreed to merge the technology pilot oversight and long-term solution design teams into one design team,</li> <li>Reviewed HIT relevant updates to the AMH, CCIP, and MQISSP programs</li> <li>Reviewed Quality Council updates on measure set and payer alignment</li> <li>Reviewed prerequisites for a pilot test of edge server indexing technology such as payer agreement to use clinical measures and report data for scorecard production, payer criteria for pilot, data use agreements.</li> </ul> <p>The HIT Council Executive Team met with the Quality Council Executive team on 11/24</p> <p>The UConn HIT Team</p> <ul style="list-style-type: none"> <li>Secured release funds for the budgeted activity of hiring a HIT consultant to develop the HIT section of the SIM Operational Plan,</li> <li>Continued review of SIM documents to identify HIT implications, and</li> <li>Continued support of the HIT Council</li> </ul>	<p>Procure HIT consultant for SIM operational plan development</p> <p>Submit feedback on SIM Logic Model to PMO</p> <p>Determine the potential uses of eCQM reporting during the Model Test period, given the new knowledge that AMH practices are not required to report quality, CCIP practices may not be entering into new or renewing VBP contracts during the Model Test period, and payers may not be using clinical ("EHR-based") measures for VBP calculations.</p> <p>Based on potential uses, identify technology capabilities that would be included in a parallel RFI process and facilitate a demo of the Zato technology for January.</p>	
<b>Equity and Access Council (EAC)</b>		<ul style="list-style-type: none"> <li>EAC Reports have been received. A synthesis of comments is underway.</li> </ul>	<ul style="list-style-type: none"> <li>Create a synthesis of EAC public comments to be published</li> </ul>	

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<b>Quality Council (QC)</b>	<b>Quality Measures</b>  <b>Care Coordination</b>  <b>Health IT</b>	<ul style="list-style-type: none"> <li><a href="#">First draft</a> of Quality Council Report was released on recommended measures to be reviewed by Steering Committee</li> <li><a href="#">Comments and concerns</a> were discussed regarding Care Coordination, Prenatal and Postpartum Care, Pediatric Care, Oral Health, Implementation and Alignment, and Health IT</li> <li><a href="#">Core Measurement set</a> and <a href="#">Reporting and Development set</a> were shared</li> </ul>	<ul style="list-style-type: none"> <li>Public Comment and review of Quality Council Report</li> <li>Work with the Health IT Council on demonstrating technology to stand up EHR measures</li> <li>Begin survey for care experience measures</li> </ul>	12/16/15
<b>Care Management Committee (CMC)</b>  (A sub- committee of <a href="#">MAPOC</a> )		<ul style="list-style-type: none"> <li>Convened to discuss the MQISSP Concept Paper and MQISSP design elements such as provider qualifications, oversight &amp; monitoring, and shared saving distribution methods.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to hold work sessions and education sessions to further the MQISSP design.</li> </ul>	
<b>Population Health Planning (DPH)</b>	<ul style="list-style-type: none"> <li>Behavioral Risk Factor Surveillance System (BRFSS) oversampling continues through 12/31/15.</li> <li>A detailed review of 26 Community Health Needs Assessment is in progress. Evaluation of data sourcing is being finalized. Process of reviewing potential and appropriate financial modeling to assess economic impact of disease is underway.</li> <li>The Department of Public Health has hired two of the three core positions that will provide resource and staffing under contractual arrangement to support population health planning.</li> <li>The Lead Physician position has been filled and reports for duty on November 30, 2015.</li> <li>The exam for Prevention Services Coordinator was posted and the Health Program Associate position candidate is in the screening process. The BRFSS Epidemiologist 2 position reported for duty on November 13, 2015.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing population estimates project: The UConn State Data Center will identify and acquire datasets which provide town level demographic data. UConn staff are reviewing small-area population estimation methods, and they are working to obtain and evaluate CT data including: school enrollment, births, death, motor vehicle licensing, residential power utility accounts and Medicare enrollment figures.</li> <li>Track eDAR approval by OPM and contract execution with the BRFSS contractor for the 2016 survey year.</li> <li>Develop a revised and detailed operational plan for population health.</li> <li>Complete review of financial modeling methods.</li> </ul>		

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<b>SIM WORK STREAMS / PROGRAMS / INITIATIVES</b>		
<b>Medicaid Quality Improvement and Shared Savings Program</b>	<ul style="list-style-type: none"> <li>Revised the MQISSP Concept Paper to reflect the most recent design decisions and language.</li> <li>Performed an environmental scan of shared savings programs for oversight &amp; monitoring methods.</li> <li>Furthered data efforts for the shared savings model test run.</li> </ul>	<ul style="list-style-type: none"> <li>Continue efforts for the shared savings model test run.</li> <li>Continue developing a provider oversight and monitoring plan for both under-service and the enhanced care coordination activities.</li> </ul>
<b>Value-based Insurance Design</b>	<ul style="list-style-type: none"> <li>Contract terms being finalized with consultant. Currently in the process of recruiting members for SIM VBID consortium (VBID solicitation document currently being drafted)</li> </ul>	<ul style="list-style-type: none"> <li>Planning organizational meeting with consultant to further develop work plan and begin to identifying key stakeholders to engage in SIM VBID.</li> </ul>
<b>UConn Community Health Worker (CHW) Initiative</b>	<ul style="list-style-type: none"> <li>Program Office Staff hired. IT and Evaluation consultants identified to develop online resources for CHWs in CT. Contracted with consultants regarding Advisory Board. Posted for two CHW positions.</li> <li>Discussed formation of CHW Advisory Board with consultants and key stakeholder (CAB).</li> <li>Participated in variety of stakeholder meetings/site visits to advance the CHW initiative.</li> <li>Engaged stakeholders by presenting on SIM CHW initiative and payment models at CT Public Health Association annual meeting.</li> </ul> <p>Non-SIM-funded associated activities:</p> <ul style="list-style-type: none"> <li>Submitted grant application to CT Health &amp; Educational Facilities Authority for funds to provide CHW training.</li> <li>Began training programs to provide core competency training for CHWs in various sectors.</li> </ul>	<ul style="list-style-type: none"> <li>Execute additional stakeholder meetings.</li> <li>Finalize IT consultant contract for online CHW resources.</li> <li>Finalized Evaluation consultant contracts for evaluation of SIM CHW initiative.</li> <li>Identify CHW Advisory Board Members and schedule initial meeting.</li> <li>Develop draft model for CHW infrastructure in CT.</li> </ul>

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<b>UConn Evaluation</b>	<ul style="list-style-type: none"> <li>Drafted sample description for patient care experience survey</li> <li>Completed cognitive testing of potential behavioral health questions</li> <li>Continued with data acquisition- obtained 2014 BRFSS data</li> <li>Updated look of dashboard and provided new views of data</li> <li>Attended call with national evaluators</li> <li>Continued metrics alignment</li> </ul>	<ul style="list-style-type: none"> <li>Schedule monthly calls with national evaluators</li> <li>Finalize patient care experience survey content and sampling frame</li> <li>Continue metrics alignment</li> <li>Continue data acquisition</li> <li>Work towards next dashboard publication to include new data and views including the population health baselines and targets</li> </ul>
<b>Advanced Medical Home Vanguard Program</b>	<ul style="list-style-type: none"> <li>Fifty two (52) practices are receiving transformation support from Qualidigm and Planetree.</li> <li>Most practices have gone through Standard 1 modules and have completed the PCMH pre-assessment.</li> </ul>	<ul style="list-style-type: none"> <li>Continue transformation services.</li> <li>Prepare presentation that describes AMH Vanguard pilot and its progress to date.</li> <li>Formulate plan for periodic progress reporting to commercial payers and Medicaid</li> </ul>
<b>Program Management Office (PMO)</b>	<ul style="list-style-type: none"> <li>Submitted request for 3-month no cost extension which would extend the pre-implementation year by three months</li> <li>Prepared quarterly report</li> <li>Hired new staff, Jenna Lupi, Durational Project Management Support Specialist</li> </ul>	<ul style="list-style-type: none"> <li>Review and update Operational Plan</li> <li>Adjust reporting documents to account for anticipated three month extension</li> </ul>

## ACRONYMS

**APCD** – All-Payers Claims Database

**BRFSS** – Behavioral Risk Factor Surveillance System

**CAB** – Consumer Advisory Board

**CCIP** – Clinical & Community Integration Program

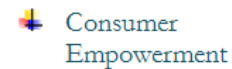
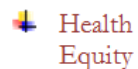
**CHW** – Community Health Worker

**CMC** – Care Management Committee

**CMMI** – Center for Medicare & Medicaid Innovations

**DPH** – Department of Public Health

**DSS** – Department of Social Services



**EAC** – Equity and Access Council

**EHR** – Electronic Health Record

**HISC** – Healthcare Innovation Steering Committee

**HIT** – Health Information Technology

**MAPOC** –Medical Assistance Program Oversight Council

**MOA** – Memorandum of Agreement

**MQISSP** – Medicaid Quality Improvement and Shared Savings Program

**PCMH** – Patient Centered Medical Home

**PMO** – Program Management Office

**PTTF** – Practice Transformation Task Force

**QC** – Quality Council

**SIM** – State Innovation Model

**FQHC** – Federally Qualified Health Center

**RFP** – Request for Proposals

**OSC** – Office of the State Comptroller

**VBID** – Value-based Insurance Design

**The purpose of this document is to raise awareness among members of SIM Governance and SIM-funded work stream leads so that they can stay up-to-date about SIM progress, understand their work in context, and spot inter-dependencies where collaboration or coordination may be beneficial**